MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	18BA	A. BUILDING: **01 - BEDFORD ALZHEIMER S CARE CENTER, LLC** B. WING _____	**10/04/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEDFORD ALZHEIMER'S CARE CENTER	**298 CAHAL STREET HATTIESBURG, MS 39401**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
M1245	45.41.1 Date of Construction & Life Safety... Date of Construction and Life Safety Code Compliance. 1. Buildings constructed after the effective date of these regulations shall comply with the edition of the Life Safety Code (NFPA 101) effective on the date of construction. 2. Buildings constructed prior to the effective date of these regulations shall comply with Chapter 13 of the Life Safety Code (NFPA 101), 1985 edition. This Statute is not met as evidenced by: Based on observations, the facility failed to properly protect all the generator's required components as directed by NFPA 110 section 5.6.6 and NFPA 99 section 6.4.1.1.17. This deficiency had the potential to affect all residents in the facility at the time of survey. Findings include: On October 3, 2019 at 10:50 AM, observation revealed no remotely located annunciator panel for the temporary generator operating in the facility. The annunciator panel shall be in a continuous supervised location of the facility.	M1245	Bedford Alzheimer's Care Center, LLC acknowledges receipt of Statement of Deficiencies and proposes this Plan of Correction to the extent that the summary of the findings is factually correct and in order to maintain compliance with applicable rules and regulations please accept this Plan of Correction as our allegation of compliance. Bedford Alzheimer's Care Center, LLC response to this Statement of Deficiencies does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. * On 10/31/2019, an order for a new generator was executed by Bedford Alzheimer's Care Center. The new generator will have a remote annunciator that is storage battery powered and will be located outside of the generating room in a location that is visible by personnel. * All residents have the potential to be affected by this alleged deficit * Weekly inspections will be conducted by	12/12/19

Mississippi State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		11/01/19

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M1245	Continued From page 1	M1245	the Maintenance Director, or designee to insure the generator annunciator is in proper working order. * The weekly generator annunciator inspections will be integrated into the Quality Assurance review to insure proper protection and operation of the generator's required components. This plan of correction is integrated into the Quality Assurance System.	